OFFICE COMFORT ERGONOMICS CORP - CONFIDENTIAL MEDICAL EVALUATION FORM

Sit-StandOffice.com

Please choose the values in the following boxes that most accurately describe your symptoms, permitting us to analyze whether a SitStandOffice.com workstation is indicated.

Today's Date

Referred by:

SYMPTOM PROFILE: SYMPTOMS AT **REST & PLAY**

Sitting Symptom

Quantify: 1-10

Indicate Side

Aggravated by

Relieved by

Describe: sitting symptoms

Describe: standing symptoms

Standing Symptom

Quantify: 1-10

Indicate Side

Aggravated by

Relieved by

SITTING

Numbness ☐ Tingling ☐

Burning ☐ Pain ☐ Other ☐

DESCRIBE YOUR DISCOMFORT (at rest & play)

☐ no symptoms ☒ intermittent ☒ constant

STANDING

Tingling ☐ Numbness ☐

Other ☐ Pain ☐ Burning ☐

SYMPTOM PROFILE: SYMPTOMS AT **WORK ONLY**

Sitting Symptom

Quantify: 1-10

Indicate Side

Aggravated by

Relieved by

Describe: sitting symptoms

Describe: standing symptoms

Standing Symptom

Quantify: 1-10

Indicate Side

Aggravated by

Relieved by

SITTING

Numbness ☐ Tingling ☐

Burning ☐ Pain ☐ Other ☐

DESCRIBE YOUR DISCOMFORT (at work only)

☐ no symptoms ☒ intermittent ☒ constant

STANDING

Tingling ☐ Numbness ☐

Other ☐ Pain ☐ Burning ☐

TREATMENT PROFILE

Please indicate present or past treatment(s) by checking the appropriate box below (or leave blank)

TREATMENT RECEIVED	PRESENT	PAST	DESCRIBE
Medication	☐	☐	
Surgery	☐	☐	
Alternative Therapies	☐	☐	
Heat/Cold	☐	☐	
Equipment (Ergonomic, Modified)	☐	☐	
Other	☐	☐	

Select your present sitting-related work status

Number of years at this job.

Do you primarily work at a.....

How long do you sit at work, in total?

My sitting-related symptoms will typically begin after...

Are you able to change position? Yes No

Does your work space permit you to stand upright ? Yes No

Have you had surgery for your pain? Yes No

If Yes, when, what, and result from the surgery.

Date

Procedure

Result

Present height cm/in

Present weight kg/lbs

Have you had a recent weight change? Yes No

Your Contact Information:

First Name

Last Name

Company Name

Address

City

Province

Postal Code

Phone Number

Preferred Contact Time

E-mail

Preferred Contact Method

Submit by Email

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